

ASSOCIATE APPLICATION FORM

It is expected this application process will take between 2 to 4 hours to complete. Your application should include a completed Personal and Work Information section, Professional History and Recommendation Information, Response Questions, and a current resume.

Please complete the application online at <http://wasli.wufoo.com/forms/2015-wasli-application/> by **December 8, 2014**. An automated confirmation e-mail will be sent to your listed address when your application has been received successfully.

If online submission is not possible, e-mail the completed application to: leadership@ahpnet.com **before December 8, 2014**.

Note: The online application platform does not provide the option to save a partially completed application online, so we suggest you use the following as a worksheet to prepare for your online application. Information below can be cut and pasted into the online form.

PERSONAL AND WORK INFORMATION

Applicant Information	Applicant Work Information
First Name:	Organization's Name:
Last Name:	Your Job Title:
Phone Number:	Organization Website*:
Cell Phone Number:	Organization's Phone Number:
Preferred Mailing Address:	Organization's Address:
City, State, Zip:	City, State, Zip:
Preferred E-mail Address:	How long have you worked at this agency?
LinkedIn Page*:	How long have you been working with (or on behalf of) women with substance use, trauma and mental health problems?
Other social media, blog or website*:	* optional

PLEASE UPLOAD YOUR CURRENT RESUME

PERSONAL AND WORK INFORMATION (CONT.):

Work Setting:

- Government agency
- Community behavioral health agency (addressing mental health and addictions)
- Substance use disorder/addictions treatment provider
- Recovery community services organization/consumer-operated agency
- Other community service provider primarily serving women
- Integrated health/behavioral health agency
- Health prevention or promotion
- Managed care company
- Other: _____

Please indicate the appropriate category for your agency/organization:

- | | |
|----------------------|-----------------------------|
| ___ For-profit | ___ Faith-based |
| ___ 501c3/non-profit | ___ Educational/research |
| ___ Government | ___ Other, please indicate: |

Please indicate number range of staff employed by your agency:

- | | |
|--------------|--------------|
| ___ Under 25 | ___ 101– 250 |
| ___ 26–100 | ___ 250+ |

Please indicate the annual budget range of your organization:

- | | |
|-----------------------------|------------------------------|
| ___ Under \$250,000 | ___ \$3,000,000– \$5,000,000 |
| ___ \$250,000– \$750,000 | ___ \$5,000,000–\$10,000,000 |
| ___ \$750,000– \$1,000,000 | ___ \$10,000,000 and above |
| ___ \$1,000,000–\$3,000,000 | |

Optional: Are you a member of an under-represented population within women’s substance use or co-occurring disorder treatment leadership?

- Yes No Choose not to answer.

If yes, select all that apply:

- African American/Black Latino/a or Hispanic
- Asian/Pacific Islander Native American/Alaskan Eskimo/American Indian
- Other population (Specify) _____
- Person in recovery
- Past or current military affiliation

REFERENCES CONTACT INFORMATION:

Information about two references should be provided below. A separate letter of recommendation from each of your references is also required as part of the application. Ideally, one letter should be from a current supervisor or leader in your agency. The second letter should be from someone of your choosing who knows you in a professional or academic setting.

The letters of recommendation should describe your commitment to women with substance use or co-occurring disorders, commitment to personal growth, and leadership potential. The letters of recommendation must be received by e-mail from the author no later than December 8, 2014, and should be sent to leadership@ahpnet.com. A confirmation e-mail will be sent to you and the author of the letter upon receipt. Please ask that the subject line of the e-mail include the following information "Letter of Recommendation for (name of applicant)." A WASLI representative may contact your references during the selection process.

Agency Reference (Reference 1)	
Reference Name:	
Reference Relationship to Applicant:	
Length of Acquaintance:	
Organization of Reference 1:	
Title of Reference 1:	
Phone Number of Reference 1:	
Preferred E-mail Address of Reference 1:	
Professional/Academic Reference (Reference 2)	
Reference Name:	
Reference's Relationship to Applicant:	
Length of Acquaintance:	
Organization of Reference 2:	
Title of Reference 2:	
Phone Number of Reference 2:	
Preferred E-mail Address of Reference 2:	

If you have questions, please contact us by e-mail at leadership@ahpnet.com, or contact Nailah Harrell at (240) 912-3853 for assistance.

RESPONSE QUESTIONS

Please complete the following questions. The maximum number of words for a complete answer is included in parentheses after each question. Because the online application form does not allow you to save partially completed applications and return to them later, it is recommended that you develop your responses ahead of time and copy and paste them into the online application.

1. Please provide a 350-word biographical sketch that describes your interest and experience working with (or on behalf of) women with substance use, trauma and mental health problems. (350-word count maximum)
2. Tell us about a leadership experience in which you were successful. What do you think led to the success? (300 words maximum)
3. What do you hope to gain through participating in a women's behavioral health leadership program instead of a more generic leadership program? (300 words maximum)
4. Describe any training or experience you have in community or organizational leadership. (300-word maximum)
5. Describe your anticipated future goals in working with (or on behalf of) women with substance use or co-occurring disorders. What would you like to be doing in 3 years and in 20 years? (300 words maximum)
6. *Optional:* Please review the selection criteria. Do you have anything else you would like to share with the selection committee that was not addressed here or on your resume? (300 words maximum)

NOTE: If you go over the maximum number of words, your submission will not be successfully submitted. Please ensure you do not exceed the word count maximum. When your submission is accepted, you will receive a "successful application" message online.

ASSOCIATE APPLICATION CHECKLIST

- Personal and Work Information, References, and Response Questions completed at <http://wasli.wufoo.com/forms/2015-wasli-application/>
DUE: December 8, 2014
- Letters of Recommendation to be e-mailed by authors to leadership@ahpnet.com.
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